In the lowa District Court for	County
Plaintiff(s)	Appearance and Answer
(Name)	of Defendant(s)
	Small Claim No
(Name)	
VS.	
Defendant(s)	
	If you need assistance to participate in court due to a disability, call the disability coordinator (information at
(Name)	https://www.iowacourts.gov/for-the-public/ada/). Persons who
(Name)	are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). <b>Disability coordinators cannot provide</b>
Check <b>only one</b> of the following:	legal advice.
•	
	ectronic notification of the hearing time and place
☐ The <b>claim is admitted.</b> Judgment may be enter	, , ,
·	of \$ Parties will receive electronic
notification of the hearing time and place throu Management System (EDMS).	igh the Iowa Judicial Branch Electronic Document
1. You must electronically file this Appearance and Ans	swer using EDMS at
https://www.iowacourts.state.ia.us/EFile unless you obta	ain from the court an exemption from electronic
filing requirements.	
2. If you electronically file, EDMS will serve a copy of the attorney(s) for Plaintiff(s). The Notice of Electronic I from electronic filing, and if you must mail a copy of you	Filing will indicate if Plaintiff(s) is (are) exempt
3. You may download this form online at https://iowacc	ourts.state.ia.us/Efile. Unless the court has granted
you an exemption from electronic filing, you must scan	•
form, or fill out and electronically file the online form, in a	accordance with Chapter 16 Rules Pertaining to the
Use of the Electronic Document Management System.	
/s/	/s/
Filing Defendant or Attorney	Second Defendant, if applicable
Law firm, or entity for which filing is made, if applicable	Law firm, or entity for which filing is made, if applicable
Mailing address	Mailing address
Telephone number	Telephone number
Email address	Email address
Additional email address, if applicable	Additional email address, if applicable